ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		100001	10/2/
O.I.P.E. CLASSIFIER	h		1000
FORMALITY REVIEW RESPONSE FORMALITY REVIEW	11/2	553	11.9-00

INDEX OF CLAIMS

~	Rejected	N	Non-elected
=	Allowed		Interference
_	(Through numeral) Canceled		Appeal
÷	Restricted		Objected

÷ Restricted 0 Objected							
Ctaim 18	Date	Claim	Date	Claim -	Date		
Final Original		Final		Final			
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5		54		104			
6/1		55		105			
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8/1	 	58	├─┼─┼ ─┼─┼─┤	107	╀┼┼┼┼		
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100/-		60		110	┞╌┠╌╏╌╏ ╌╏		
11/7		61		111	╏┍┍╌		
12/		62		112	 		
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7 15 /	- - - -	64	++++	114			
16 /	╼┼┼┼┼┼	65	-++-+-+-	115			
17/1	- - - - - -	67	- 	116	++++		
18/	+++++	68		118	┡┋┋ ┋		
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23 /		73		123	 		
24//		74		124			
25		75		125			
28/1	 	76		126			
27 / /		77		127			
28 / /		78	- 	128	++++++++++++++++++++++++++++++++++++		
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41	 	91	- - - - - -	140	┝╫╌┼╌┼╌┼╌┤╌┤		
42	╅╫┪	92		142	┝╫╫╫╫		
43	╁╁┼┼┼┼┼	93		143	├─├─┼─┼─ ┤		
44	 	94	 	144			
45	 	95		145			
46	 	96	- - - - - - - - - - - - - - - - - - - 	146			
47		97		147			
48		98		148			
49		99		149	 		
50	 	100		150	<u></u>		

If more than 150 claims or 10 actions staple additional sheet here

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